

RENEWAL FORM

ADVISORY COUNCIL MEMBERSHIP CANDIDATE PROFILE

Recreation Facility:		Date:	
Applicant Name:			
Address:		City:	Zip:
Home Phone:	Fax:	e-mail:	
Work Phone:	Employer:	Job Title:	

What generates your interest in remaining a _____ Advisory Council member?

Based on your skills, abilities and interests, how do you see yourself contributing to the council in terms of projects, accomplishments, and vision for its future?

Are there other organizations you are involved with or affiliations you have which could be potential partners with the Advisory Council? ☐ YES ☐ NO; if yes please list them below.

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Official Use Only

Approval Routing:

Approval Validation

Facility Supervisor_____	Date_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARC Exec Director _____	Date_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Manager_____	Date_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Division Director _____	Date_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Superintendent _____	Date_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Route: Manager for filing and distribution

Attachment: **Volunteer Packet** - Volunteer Service Agreement (B-32), Consent to Release (E18-5)
Applicant Disclosure (E18-6), WSP Form (ARC version)